statement was given on the basis of data collected by the Chamber from the manufacturers in the NCR region which stated that on an average annual turn-over has dropped down by about 25%. It appears that no scientific survey on the extent of spurious/counterfeit medicines was carried out by ASSOCHAM. A study of samples of drugs tested all over the country in last 6 to 7 years, has revealed that about 0.3% to 0.4% of around 40,000 samples fall within the category of spurious drugs. However, this may not project exact situation and would depend upon intensity of surveillance over the clandestine activity. A recent scientific survey on the extent of spurious (counterfeit) medicines in India was carried out by SEAR Pharm Forum in Association with SEARO, WHO and according to their report, extent of counterfeit suspects were to the tune of 3.1 per cent. However, from the laboratory analysis, 0.3 per cent did not meet the pharmacopoeia standards in terms of label claim. The Government has taken various measures including:

(i) Steps to further amend the penal provisions already prescribed under Drugs and Cosmetics Act to make the punishment more stringent which will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs.

(ii) In consultation with Indian Statistical Institute, Hyderabad, it has been proposed to carry out a detailed in-depth studies following a rational statistical method to find out the exact magnitude of the problem of spurious counterfeit drugs.

Smoking habits

1622. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether smoking in the country is on the rise;

(b) whether any surveys has been made regarding number of people who smoke in the country, age-group-wise and State-wise;

(c) whether he has ever advised the Members of Parliament for giving up smoking before he did so in case of a particular film actor; and

(d) if so, the details as regard response from Members of Parliament as also from the actor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) NFHS-3 (2006-07) indicates an increasing prevalence of tobacco consumption in India, with 57% males and 10.8% females reportedly consuming tobacco in some form. The State-wise data is given in the Statement (*See* below). As per the NSSO age-specific rates, regular consumers of tobacco (aged 10 year and above) were 18.65 crore in rural India and 4.93 crore in urban areas in 2004. The State-wise Global Youth Tobacco Survey (GYTS), 2006 also indicates a decrease in the age of onset of tobacco consumption in the age group of 13-15 years.

(c) and (d) Section 4 of the "The Cigarette and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" prohibits smoking in a public place.

There are studies to indicate a strong linkage between film personalities and their influence on youth. Since a few film personalities have reportedly been violating the provisions of the Act, by smoking at public places, they have been advised time and again to desist from such action(s).

Statement

Percentage of women and men age 15-49 who use any kind of tobacco, who smoke cigarettes or bidis, by State, India, 2005-06.

State	Women		Men	
	Who use any kind of tobacco	Who smoke cigarettes/bidis	Who use any kind of tobacco	Who smoke cigarettes/bidis
1	2	3	4	5
India	10.8	1.4	57.0	32.7
North				
Delhi	3.1	1.4	40.0	26.5
Haryana	3.3	2.6	46.3	39.8
Himachal Pradesh	1.2	1.1	40.0	33.6
Jammu & Kashmir	5.3	0.7	52.7	40.2
Punjab	0.8	0.5	33.8	20.9
Rajasthan	7.8	3.3	60.4	41.8
Uttaranchal	5.4	2.7	53.3	36.3
Central				
Chhattisgarh	25.2	0.2	68.6	31.8
Madhya Pradesh	16.0	0.5	68.5	40.2
Uttar Pradesh	12.1	2.4	64.3	35.5
East				
Bihar	8.0	4.9	66.5	29.0
Jharkhand	11.6	0.6	61.7	19.4
Orissa	31.4	0.3	68.8	27.1
West Bengal	15.6	1.3	70.2	50.1
Northeast				
Arunachal Pradesh	27.2	3.1	62.6	31.4
Assam	23.2	0.2	72.4	36.4
Manipur	39.6	4.3	69.5	37.9
Meghalaya	31.9	1.9	69.2	60.0
Mizoram	60.8	16.1	83.4	73.6
Nagaland	28.1	0.3	67.9	39.3
Sikkim	18.7	5.4	61.8	33.3
Tripura	48.2	7.9	76.0	56.7
West				
Goa	4.4	0.2	27.8	13.6
Gujarat	8.4	0.6	60.2	26.1
Maharashtra	10.5	0.1	48.2	17.7

1	2	3	4	5
South				
Andhra Pradesh	5.2	0.5	42.8	32.5
Karnataka	4.8	0.1	44.7	27.9
Kerala	1.8	0.1	43.5	35.8
Tamil Nadu	2.8	0.0	40.1	31.2

Committee report on corruption

1623. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has ordered an enquiry into functioning of five projects funded by the World Bank following charges of corrpution and system; deficiencies;

(b) whether the probe committee has submitted its report in February, 2008;

(c) if so, what are the findings of the enquiry committee and the steps being taken to remove those who were held responsible; and

(d) by when these projects are likely to be completed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) On the 11th January, 2008, the World Bank has shared with us a report, *viz.*, DIR. This report is based on the review of five health sector projects which were being implemented during periods varying from 1997 till 2006 end. One project was under State health sector. All projects except for one relating to Food and Drug Capacity Building have ended. The last project is likely to be completed by June, 2008. For AIDS and TB successor projects are under implementation.

In this report, the World Bank has mentioned deficiency relating to procurement, oversight and implementation like collusion, bid rigging, deficiency in civil works, equipments not installed because of lack of staff etc. Majority of the deficiencies reported relate to decentralized procurements at the district level, which are implemented at the State level.

The World Bank report suffers from several infirmities. Ministry of Health and Family Welfare has already conveyed its response on the infirmities in the methodology adopted by World Bank emphasizing that they did not discuss with any of the programme officers either during the review or before finalizaing the review report. These discussions would have clarified most of the issues mentioned in the report. Had this been done, most of the inferences would have been different.

Government of India is committed to elimination of any deficiencies or irrgularities which are detected. Structural deficiencies which were noted in the earlier programmes have been taken care of in the successor programmes. It has been aware of many such irregularities and has taken action, if required in the past. Several criminal, penal and disciplinary actions have been taken such as:

(i) Suspended business with two firms *viz.* M/s Nestor Pharmaceuticals and M/s Pure Pharma in July, 2005 on charges of reported collusion.

(ii) A case was registered by CBI on 21.8.2006 against M/s Pure Pharma and M/s Nestor Pharmaceuticals and the case is at an advanced stage of investigation.